

Pat Back Key

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)**

SERIAL NO. **10/507463**
FILING DATE
APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.			4		4	
TOTAL DEP.			4	4	4	4
TOTAL CLAIMS			8	8	8	8

	IND.		DEP.		IND.		DEP.	
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